

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000042774 (7)**

1. Corporation Name

LAURA BARROW, P.A.



Principal Place of Business

**224 DATURA ST.
SUITE 1006
WEST PALM BEACH FL 33401**

Mailing Address

**224 DATURA ST.
SUITE 1006
WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified
06/08/1994

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 **224 DATURA ST.**

26 **224 DATURA ST.**

4. FEI Number
65-0496608

Applied For
Not Applicable

22 Suite, Apt. #, etc.
Suite 815

27 Suite, Apt. #, etc.
Suite 815

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State
W. PALM BEACH, FLA

28 City & State
W. PALM BEACH, FLA

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip
33401

25 Country
USA

29 Zip
33401

30 Country
USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARROW, LAURA
224 DATURA ST.
SUITE 1006
WEST PALM BEACH FL 33401**

81 Name **SAME**
82 Street Address (P.O. Box Number is Not Acceptable)
224 DATURA ST.
83 **Suite 815**
84 City **W. PALM BEACH** FL 85 Zip Code **33401**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **BARROW, LAURA**
STREET ADDRESS **224 DATURA ST.**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**400001792204
-04/24/96--01021--018
***200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

LAURA Barrow, President 4/17/96 407 832-7222
SC 153-91

CR2E034 (12/95)